FY18 Retiree Health Insurance Premiums																		
July 1, 2017 to June 30, 2018																		
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		Total Prem.	20+ yrs	19 yrs	18 yrs	17 yrs	16 yrs.	15 yrs	14 yrs	13 yrs	12 yrs	11 yrs	10 yrs	9 yrs	8 yrs	7 yrs	6 yrs	5 yrs
Carrier	Level of Coverage	100%	33.30%	37%	42%	46%	50%	55%	59%	63%	67%	71%	75%	78%	81%	84%	87%	90%
CareFirst BlueChoice Advantage	Individual	\$843.00	\$280.97	\$311.91	\$354.06		\$421.50	\$463.65	\$497.37	\$531.09	\$564.81	\$598.53	\$632.25	\$657.54	\$682.83	\$708.12	\$733.41	\$758.70
w/Rx and CF Vision	Retiree + Child	\$1,464.60	\$488.15	\$541.90	\$615.13	\$673.72	\$732.30	\$805.53	\$864.11	\$922.70	\$981.28	\$1,039.87	\$1,098.45	\$1,142.39	\$1,186.33	\$1,230.26	\$1,274.20	\$1,318.14
	Retiree + Spouse	\$1,754.24	\$584.69	\$649.07	\$736.78		\$877.12	\$964.83	\$1,035.00	\$1,105.17	\$1,175.34	\$1,245.51	\$1,315.68	\$1,368.31	\$1,420.93		\$1,526.19	\$1,578.82
	Family	\$2,062.21	\$687.33	\$763.02	\$866.13	\$948.62	\$1,031.11	\$1,134.22	\$1,216.70	\$1,299.19	\$1,381.68	\$1,464.17	\$1,546.66	\$1,608.52	\$1,670.39	\$1,732.26	\$1,794.12	\$1,855.99
S 51 4 64 4 4 6 65 75 4 6 5 77 1		0004.05	0007.40	0050.04	0000 00	0040.50	0040.00	0074.04	A 400 47	0.400.44	0.450.74	# 400 OT	0544.04	0504.00	0550.44	0570.50	0500.04	0040.40
CareFirst Standard Over 65 w/Rx and CF Vision	Individual	\$681.65	\$227.19	\$252.21	\$286.29	\$313.56	\$340.83	\$374.91	\$402.17	\$429.44	\$456.71	\$483.97	\$511.24	\$531.69	\$552.14	\$572.59	\$593.04	\$613.49
CareFirst BlueChoice HMO Open Access	Individual	\$558.61	\$186.18	\$206.69	\$234.62	\$256.96	\$279.31	\$307.24	\$329.58	\$351.92	\$374.27	\$396.61	\$418.96	\$435.72	\$452.47	\$469,23	\$485.99	\$502.75
w/RX and CF Vision	Retiree + Child	\$1.061.36	\$353.75	\$206.69	\$445.77	\$488.23	\$530.68	\$583.75	\$329.58 \$626.20	\$668.66	\$374.27	\$753.57	\$796.02	\$435.72 \$827.86	\$859.70	\$891.54	\$485.99	\$502.75 \$955.22
W/RX and CF Vision	Retiree + Child Retiree + Spouse	\$1,061.36	\$428.23	\$392.70 \$475.38	\$539.62	\$488.23	\$642.41	\$583.75 \$706.65	\$758.04	\$809.43	\$860.82	\$912.22	\$963.61	\$1,002.15	\$1.040.70	\$1,079.24	\$923.38	\$1,156.33
	Family	\$1,264.61	\$549.00	\$609.45	\$691.81	\$757.70	\$823.59	\$905.94	\$971.83	\$1.037.72	\$1,103,60	\$1.169.49	\$1.235.38		\$1,040.70	\$1,079.24	\$1,433.04	\$1,136.33
	Family	\$1,647.17	\$549.00	\$609.45	\$691.81	\$757.70	\$823.59	\$905.94	\$971.83	\$1,037.72	\$1,103.60	\$1,169.49	\$1,235.38	\$1,284.79	\$1,334.21	\$1,383.62	\$1,433.04	\$1,482.45
CareFirst BlueChoice HMO Open Access	Individual	\$540.06	\$180.00	\$199.82	\$226.83	\$248.43	\$270.03	\$297.03	\$318.64	\$340.24	\$361.84	\$383,44	\$405.05	\$421,25	\$437.45	\$453.65	\$469.85	\$486.05
w/RX - Over 65 and CF Vision	inuividuai	\$340.00	\$100.00	\$199.02	φ220.03	φ240.43	\$270.03	\$291.03	φ310.04	\$340.24	\$301.04	\$303.44	\$405.05	Ψ421.23	\$437.45	φ455.05	\$409.00	\$400.03
W/KX - Over 03 and 01 Vision																		
CareFirst PPO Dental	Individual	\$41.15	\$13.72	\$15.23	\$17.28	\$18.93	\$20.58	\$22.63	\$24.28	\$25.92	\$27.57	\$29,22	\$30.86	\$32.10	\$33.33	\$34.57	\$35.80	\$37.04
	Retiree + Child	\$62.84	\$20.94	\$23.25	\$26.39	\$28.91	\$31.42	\$34.56	\$37.08	\$39.59	\$42.10	\$44.62	\$47.13	\$49.02	\$50.90	\$52.79	\$54.67	\$56.56
	Retiree + Spouse	\$94.40	\$31.46	\$34.93	\$39.65	\$43.42	\$47.20	\$51.92	\$55.70	\$59.47	\$63.25	\$67.02	\$70.80	\$73.63	\$76.46	\$79.30	\$82.13	\$84.96
	Family	\$123.47	\$41.15	\$45.68	\$51.86	\$56.80	\$61.74	\$67.91	\$72.85	\$77.79	\$82.72	\$87.66	\$92.60	\$96.31	\$100.01	\$103.71	\$107.42	\$111.12
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CareFirst PPO Dental - Over 65	Individual	\$39.38	\$13.13	\$14.57	\$16.54	\$18.11	\$19.69	\$21.66	\$23.23	\$24.81	\$26.38	\$27.96	\$29.54	\$30.72	\$31.90	\$33.08	\$34.26	\$35.44
Delta Dental	Individual	\$36.29	\$12.10	\$13.43	\$15.24	\$16.69	\$18.15	\$19.96	\$21.41	\$22.86	\$24.31	\$25.77	\$27.22	\$28.31	\$29.39	\$30.48	\$31.57	\$32.66
	Retiree + Child	\$57.65	\$19.21	\$21.33	\$24.21	\$26.52	\$28.83	\$31.71	\$34.01	\$36.32	\$38.63	\$40.93	\$43.24	\$44.97	\$46.70	\$48.43	\$50.16	\$51.89
	Retiree + Spouse	\$85.56	\$28.52	\$31.66	\$35.94	\$39.36	\$42.78	\$47.06	\$50.48	\$53.90	\$57.33	\$60.75	\$64.17	\$66.74	\$69.30	\$71.87	\$74.44	\$77.00
	Family	\$111.14	\$37.04	\$41.12	\$46.68	\$51.12	\$55.57	\$61.13	\$65.57	\$70.02	\$74.46	\$78.91	\$83.36	\$86.69	\$90.02	\$93.36	\$96.69	\$100.03
Delta Dental - Over 65	Individual	\$34.72	\$11.57	\$12.85	\$14.58	\$15.97	\$17.36	\$19.10	\$20.48	\$21.87	\$23.26	\$24.65	\$26.04	\$27.08	\$28.12	\$29.16	\$30.21	\$31.25
CF Select Vision																		
(only applicable to those grandfathered retirees	Individual	\$3.62	\$1.21	\$1.34	\$1.52	\$1.67	\$1.81	\$1.99	\$2.14	\$2.28	\$2.43	\$2.57	\$2.72	\$2.82	\$2.93	\$3.04	\$3.15	\$3.26
with ONLY Dental)	Retiree + Child	\$6.87	\$2.29	\$2.54	\$2.89	\$3.16	\$3.44	\$3.78	\$4.05	\$4.33	\$4.60	\$4.88	\$5.15	\$5.36	\$5.56	\$5.77	\$5.98	\$6.18
	Retiree + Spouse	\$8.31	\$2.77	\$3.07	\$3.49	\$3.82	\$4.16	\$4.57	\$4.90	\$5.24	\$5.57	\$5.90	\$6.23	\$6.48	\$6.73	\$6.98	\$7.23	\$7.48
	Family	\$10.84	\$3.61	\$4.01	\$4.55	\$4.99	\$5.42	\$5.96	\$6.40	\$6.83	\$7.26	\$7.70	\$8.13	\$8.46	\$8.78	\$9.11	\$9.43	\$9.76